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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/617,616
	Filing Date	July 11, 2003
	First Named Inventor	Bore G. RAJU
	Art Unit	1614
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	342312004800

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

This transfer is being made at the request of Vicuron Pharmaceuticals, Inc.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Michael Dixon Senior Corporate Counsel, Patent Department, Pfizer		
Address	2800 Plymouth Road		
City	Ann Arbor	State	MI
Country	U.S.A.		
Telephone	(734) 622-1705	Email	
Signature	<i>Thomas E. Ciotti</i>		
Name	Thomas E. Ciotti	Registration No.	21,013
Date	October 3, 2005	Telephone No.	(650) 813-5702

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 3, 2005

Signature:  (Lindsay Seydel)



ITW

PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

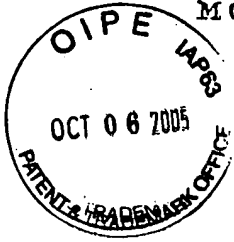
For the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/617,616	
	Filing Date	July 11, 2003	
	First Named Inventor	Bore G. RAJU	
	Art Unit	1614	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	5	Attorney Docket Number	342312004800

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (in triplicate) - 3 pages 2. Copy of Request to Transfer - 1 page 3. Return Receipt Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature	<i>Thomas E. Ciotti</i>		
Printed name	Thomas E. Ciotti		
Date	October 3, 2005	Reg. No.	21,013

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Dated: October 3, 2005	Signature: <i>[Signature]</i> (Lindsay Seydel)



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ORANGE COUNTY, SACRAMENTO,
WALNUT CREEK, CANYON CITY
TOKYO, LONDON, BEIJING,
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September 29, 2005

Michael Dixon
Senior Corporate Counsel
Patent Department, Pfizer
2800 Plymouth Road
Ann Arbor, MI 48105

Writer's Direct Contact
650/813-5876
jajacobson@mofo.com

Re: Requested Confirmation of Instructions to Transfer
Vicuron Pharmaceuticals, Inc. (34231)

Dear Mr. Dixon:

This letter confirms the request for the transfer of Vicuron Pharmaceuticals, Inc. following patent matters:

20001.xx	20004.xx	30010.xx	20046.xx
20002.xx	20005.xx	20010.xx	30047.xx
30003.xx	30007.xx	30011.xx	20047.xx
20003.xx	30008.xx	20012.xx	30048.xx
30004.xx	20008.xx	30046.xx	20048.xx

to the address below:

Michael Dixon
Senior Corporate Counsel
Patent Department, Pfizer
2800 Plymouth Road
Ann Arbor, MI 48105
(734) 622-1705

We have chosen not to photocopy the files. We have made this decision based on the understanding that Morrison & Foerster will be granted access to it in the future, if necessary, for review or photocopy purposes with reasonable notice during normal business hours.

We ask that you sign below to confirm the above transfer instructions. I look forward to your prompt return of this confirmation so as not to delay the process.

Sincerely,

Jill Jacobson
Jill Jacobson

Received and acknowledged by *J. M. Dixon*

Signature

on

Date

pa-1014233

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11

9/30/05